

City of Springfield
Water Pollution Control Section
Pollution Complaint/Report Form

Date 6/16/93

Report From: _____ Received By: RANDY LYMAN
☐ Citizen Referred To: HEALTH DEPT.
☐ Fire Dept. Date of Incident: 6/15/93
☐ Public Information Office
☐ Health Department
☒ Other SEWER MAINTENANCE SECTION

Complainant Information: _____ Responsible Party Information: _____
Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____
Directions (if needed): _____

Possible contamination of: ☐ soil ☒ groundwater
☒ surface water what body? _____
☐ other _____

Other pertinent information: _____

Who to contact: 895
☐ DNR 417-~~837~~-6950 ☒ Health Dept.
☐ DNR 314-634-2436 ☐ Sewer Maintenance
☐ EPA 913-236-3778 ☐ Sewer Construction
☐ Fire Dept. 864-1719 ☐ Chemtrec 1-800-424-9300
☐ Police Dept. 864-1719 ☐ DOT
☐ Bob Schaefer ☐ NRC 1-800-424-8802
☐ CU 831-8320 ☐ Other _____
☐ Street Dept.

Details of incident: DUMPING WASTE OIL INTO
HOLE AT REAR OF BUILDING. SEE ATTACHED
FORM FROM INFILTRATION/INFLOW SEWER
INSPECTION TEAM.

Action needed: REFERRED TO HEALTH DEPT.

(over)

ADDRESS 2740 E. DIVISION

BUILDING INSPECTION

City of Springfield, Missouri

Date: 6/15/93

Line Segment: (NJ8) L15007 to (NJ8) L15006
upstream downstream

Project No.: _____ Project Location: _____ Crew: RL, GL

PART A: GENERAL

Occupant: Mike's Auto Service Phone: 865-5390 Owner: Roger Dunlap Phone: _____
Address: 2740 E. Division St P.O. Box: _____ Address: _____ P.O. Box: _____
City: _____ State: _____ Zip: _____ City: Springfield State: MO Zip: _____

Inspection Attempt:	Date:	Status:	Comments:
1	<u>6/15/93</u>	<u>1</u>	<u>Has hole in back of</u>
2	<u>1/1</u>	_____	<u>building - looks like</u>
3	<u>1/1</u>	_____	<u>they have been dumping</u>
4	<u>1/1</u>	_____	<u>used oil in this - also has</u>
5	<u>1/1</u>	_____	<u>pipe leading from ? into this hole.</u>

hole is 10' x 5' wide

Status:
1 = Inspected
2 = Not at Home
3 = Refusal
4 = Not Inspected

PART B: HISTORY

History of Flooding Yes ☐ No ☒

Date	Source	Maximum Depth (ft)	Duration (hrs)	Action Taken
<u>1/1</u>	_____	_____	_____	_____
<u>1/1</u>	_____	_____	_____	_____
<u>1/1</u>	_____	_____	_____	_____
<u>1/1</u>	_____	_____	_____	_____

Source:
1 = Sanitary Backup
2 = Stairwell Stormwater
3 = Window Well Stormwater
4 = Wall Seepage
5 = Blockage (private line)
6 = Unknown

Action Taken:
1 = Called Roto Rooter
2 = Installed Sump Pump
3 = Eliminated Stormwater Source
4 = Removed Blockage
5 = None

PART C: BUILDING DATA

Building Type: <u>8</u>	Building Type: 1 = Ranch 5 = Duplex 9 = Industrial	Basement Type: 1 = Full
Approximate Building Age: <u>2</u>	2 = Raised Ranch 6 = Townhouse 10 = Institutional	2 = Half
Years Occupied by present Owner/Occupant: <u>3 mos</u>	3 = Split Level 7 = Apt. Building 11 = Other	3 = Crawl Space
Basement Type: <u>H</u>	4 = Two-Story 8 = Commercial	4 = None

PART D: SOURCE DATA

Defect No.	Defect Type	Tributary Area (sq. ft.)	CONFIRMATION					Date ____/____/____	Comments:
			Test	Type	Positive	D	S		
1	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Defect Type:
 1 = Downspout
 2 = Uncapped Cleanout
 3 = Driveway Drain
 4 = Stairwell Drain
 5 = Foundation Drain
 6 = Area Drain
 7 = Service Lateral
 8 = Window well Drain
 9 = Sump

Sump Data:

Location _____	Sealed _____	Drain _____	Source of Water _____	Connection Type _____	Discharge _____
1 = Inside	1 = Yes	1 = Yes	1 = Foundation Drain	1 = Sump Pump with Single Discharge	1 = Sanitary
2 = Outside	2 = No	2 = No	2 = Sanitary	2 = Sump Pump with Diverter Valve	2 = Outside
			3 = Combination	3 = Pit Only	3 = Storm
Pump Capacity _____ (gpm)			4 = Storm	4 = Drain in Bottom of Pit	4 = Unknown
			5 = None	5 = Pit with Drain and Pump	

Diagram:

